

111TH CONGRESS
2D SESSION

S. 3260

To enhance and further research into the prevention and treatment of eating disorders, to improve access to treatment of eating disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 26, 2010

Mr. HARKIN (for himself, Ms. KLOBUCHAR, and Mr. FRANKEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To enhance and further research into the prevention and treatment of eating disorders, to improve access to treatment of eating disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Federal Response to
5 Eliminate Eating Disorders Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Estimates, based on current research, indi-
9 cate that at least 5,000,000 people in the United

1 States suffer from eating disorders including ano-
2 rexia nervosa, bulimia nervosa, binge eating dis-
3 order, and eating disorders not otherwise specified
4 (referred to in this Act as “EDNOS”).

5 (2) Anecdotal evidence suggests that as many
6 as 11,000,000 people in the United States, including
7 1,000,000 males, may suffer from eating disorders.

8 (3) Eating disorders occur in all nations and in
9 all populations, and among people of all ages and
10 races and of both genders.

11 (4) Eating disorders are diseases with grave
12 health consequences and high rates of mortality.

13 (5) Health consequences associated with eating
14 disorders include heart failure and other serious car-
15 diac conditions, electrolyte imbalance, kidney failure,
16 osteoporosis, debilitating tooth decay, and gastro-
17 intestinal disorders, including esophageal inflamma-
18 tion and rupture, gastric rupture, peptic ulcers, and
19 pancreatitis.

20 (6) Anorexia nervosa has one of the highest
21 overall mortality rates of any mental illness. Accord-
22 ing to the National Institute of Mental Health, 1 in
23 10 people with anorexia nervosa will die of starva-
24 tion, cardiac arrest, or another medical complication.

1 (7) The risk of death among adolescents with
2 anorexia nervosa is 11 times greater than in disease-
3 free adolescents.

4 (8) Anorexia nervosa has the highest suicide
5 rate of all mental illnesses.

6 (9) New research suggests that bulimia nervosa
7 has a much higher rate of mortality than is reflected
8 in current statistics, because of the failure to iden-
9 tify the underlying eating disorder.

10 (10) Binge eating disorder is the most common
11 eating disorder, with an estimated 3.5 percent of
12 American women and 2 percent of American men
13 expected to suffer from this disorder in their life-
14 time. Binge eating disorder is characterized by fre-
15 quent episodes of uncontrolled overeating and is as-
16 sociated with obesity, heart disease, gall bladder dis-
17 ease, and diabetes.

18 (11) Research demonstrates that there is a sig-
19 nificant genetic component to the development of
20 eating disorders.

21 (12) Certain populations, including adolescent
22 females and athletes of both genders, are at higher
23 risk of developing an eating disorder.

24 (13) Different types of eating disorders may af-
25 fect certain races and genders disproportionately.

1 (14) Despite the serious health consequences
2 and the high risk of death, Federal research funding
3 for eating disorders has lagged behind research con-
4 cerning other diseases, when compared by the num-
5 ber of individuals affected by, and the relative health
6 consequences of, the diseases.

7 (15) The ability of individuals suffering from
8 eating disorders, particularly bulimia nervosa, binge
9 eating disorder, and EDNOS to access appropriate
10 treatment is unacceptably low.

11 (16) The development of an eating disorder is
12 frequently preceded by unhealthy weight control be-
13 haviors commonly identified as disordered eating, in-
14 cluding skipping meals, using diet pills, taking lax-
15 atives, self-induced vomiting, and fasting. Such dis-
16 ordered eating behaviors should be included in en-
17 hanced research prevention and training efforts.

18 **SEC. 3. PURPOSES.**

19 The purposes of this Act are—

20 (1) to expand research into the prevention of
21 eating disorders;

22 (2) to expand research on effective treatment
23 and intervention of eating disorders and to support
24 evidence-based programs designed to prevent eating
25 disorders;

1 (3) to expand research on the causes, courses,
2 and outcomes of eating disorders;

3 (4) to increase the number of people properly
4 screened and diagnosed with an eating disorder;

5 (5) to improve training and education of health
6 care and behavioral care providers and of school per-
7 sonnel at all levels of elementary and secondary edu-
8 cation;

9 (6) to improve surveillance and data systems
10 for tracking the prevalence, severity, and economic
11 costs of eating disorders; and

12 (7) to enhance access to comprehensive treat-
13 ment for eating disorders.

14 **TITLE I—EATING DISORDER** 15 **DETECTION AND RESEARCH**

16 **SEC. 101. EXPANSION AND COORDINATION OF THE ACTIVI-** 17 **TIES OF THE NATIONAL INSTITUTE OF** 18 **HEALTH AND THE NATIONAL INSTITUTE OF** 19 **MENTAL HEALTH WITH RESPECT TO RE-** 20 **SEARCH ON EATING DISORDERS.**

21 Part B of title IV of the Public Health Service Act
22 (42 U.S.C. 284 et seq.), as amended by section 4305(b)
23 of the Patient Protection and Affordable Care Act (Public
24 Law 111–148), is further amended by adding at the end
25 the following:

1 **“SEC. 409K. EXPANSION AND COORDINATION OF ACTIVI-**
 2 **TIES WITH RESPECT TO RESEARCH ON EAT-**
 3 **ING DISORDERS.**

4 “(a) IN GENERAL.—The Director of NIH, pursuant
 5 to the general authority of such director, shall expand, in-
 6 tensify, and coordinate the activities of the National Insti-
 7 tutes of Health with respect to research on eating dis-
 8 orders.

9 “(b) GRANTS.—The Director of NIH may award
 10 grants to public or private entities to pay all or part of
 11 the cost of planning, establishing, improving, and pro-
 12 viding basic operating support for such entities to estab-
 13 lish consortia in eating disorder research and to carry out
 14 the activities described in subsection (e).

15 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
 16 a grant under this section, an entity shall—

17 “(1) be public or nonprofit private entity (in-
 18 cluding a health department of a State, a political
 19 subdivision of a State, or an institution of higher
 20 education); and

21 “(2) submit to the Secretary an application at
 22 such time, in such manner, and containing such in-
 23 formation as the Secretary may require.

24 “(d) REQUIREMENTS OF CONSORTIA.—

25 “(1) IN GENERAL.—Each consortium estab-
 26 lished as described in subsection (b) may use the fa-

1 cilities of a single lead institution, or may be formed
 2 from several cooperating institutions, meeting such
 3 requirements as may be prescribed by the Director
 4 of NIH.

5 “(2) COORDINATION OF CONSORTIA.—The Di-
 6 rector of NIH—

7 “(A) may, as appropriate, provide for the
 8 coordination of information among consortia es-
 9 tablished under subsection (b); and

10 “(B) shall ensure regular communication
 11 between members of the various consortia es-
 12 tablished using grants awarded under this sec-
 13 tion.

14 “(3) REPORTS.—The Director of NIH shall re-
 15 quire each consortium to periodically prepare and
 16 submit to such director reports on the activities of
 17 such consortium.

18 “(e) ACTIVITIES.—Each consortium receiving a grant
 19 under subsection (b) shall conduct basic, clinical, epide-
 20 miological, population-based, or translational research re-
 21 garding eating disorders, which may include research re-
 22 lated to—

23 “(1) the identification and classification of eat-
 24 ing disorders and disordered eating;

1 “(2) the causes, diagnosis, and early detection
2 of eating disorders;

3 “(3) the treatment of eating disorders, includ-
4 ing the development and evaluation of new treat-
5 ments and best practices;

6 “(4) the conditions or diseases related to, or
7 arising from, an eating disorder; and

8 “(5) the evaluation of existing prevention pro-
9 grams and the development of reliable prevention
10 and screening programs.

11 “(f) COLLABORATION.—The Secretary, acting
12 through the Director of NIH and the Director of the Na-
13 tional Institute of Mental Health, shall identify relevant
14 Federal agencies (including the other institutes and cen-
15 ters of the National Institutes of Health, the Centers for
16 Medicare & Medicaid Services, the Centers for Disease
17 Control and Prevention, the Agency for Healthcare Re-
18 search and Quality, the Substance Abuse and Mental
19 Health Services Administration, the Health Resources and
20 Services Administration, and the Office on Women’s
21 Health) that shall collaborate with respect to activities
22 conducted under subsection (d).

23 “(g) PUBLIC INPUT.—The Director of NIH shall pro-
24 vide for a mechanism—

1 “(1) to educate and disseminate information on
 2 the existing and planned programs and research ac-
 3 tivities of the National Institutes of Health with re-
 4 spect to eating disorders; and

5 “(2) through which the Director of NIH may
 6 receive comments from the public regarding such
 7 programs and activities.

8 “(h) DISSEMINATION OF INFORMATION.—The Direc-
 9 tor of NIH shall provide for a mechanism for making the
 10 results and information generated by the consortia pub-
 11 licly available, such as through the Internet.

12 “(i) DEFINITION.—For purposes of this section, the
 13 term ‘eating disorder’ has the meaning given such term
 14 in section 39900(e).

15 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
 16 carry out this section, there are authorized to be appro-
 17 priated such sums as may be necessary for each of fiscal
 18 years 2011 through 2015.”.

19 **SEC. 102. INTERAGENCY COORDINATING COUNCIL; SUR-**
 20 **VEILLANCE AND RESEARCH PROGRAM;**
 21 **STUDY ON ECONOMIC COST.**

22 Title III of the Public Health Service Act (42 U.S.C.
 23 241 et seq.), as amended by section 4303 of the Patient
 24 Protection and Affordable Care Act (Public Law 111–

1 148), is further amended by adding at the end the fol-
 2 lowing:

3 **“PART W—PROGRAMS RELATING TO EATING**
 4 **DISORDERS**

5 **“SEC. 39900. INTERAGENCY EATING DISORDERS COORDI-**
 6 **NATING COUNCIL.**

7 “(a) ESTABLISHMENT.—There is established within
 8 the Department of Health and Human Services the Inter-
 9 agency Eating Disorders Coordinating Council (referred
 10 to in this section as the ‘Coordinating Council’).

11 “(b) RESPONSIBILITIES.—The Coordinating Council
 12 shall—

13 “(1) develop and annually update a summary of
 14 advances in eating disorder research concerning
 15 causes of, prevention of, early screening for, treat-
 16 ment and access to services related to, and supports
 17 for individuals affected by, eating disorders;

18 “(2) monitor Federal activities with respect to
 19 eating disorders;

20 “(3) make recommendations to the Secretary
 21 regarding any appropriate changes to such activities,
 22 and to the Director of NIH, with respect to the stra-
 23 tegic plan developed under paragraph (4);

24 “(4) develop and annually update a strategic
 25 plan for the conduct of, and support for, eating dis-

1 order research, including proposed budgetary rec-
2 ommendations; and

3 “(5) submit to Congress the strategic plan de-
4 veloped under paragraph (4) and all updates to such
5 plan.

6 “(c) MEMBERSHIP.—

7 “(1) CHAIRPERSON.—The Director of NIH
8 shall serve as the chairperson of the Coordinating
9 Council and shall be responsible for the leadership
10 and oversight of the activities of the Coordinating
11 Council.

12 “(2) MEMBERS IN GENERAL.—The Coordi-
13 nating Council shall be composed of—

14 “(A) representatives of—

15 “(i) the Agency for Healthcare Re-
16 search and Quality;

17 “(ii) the Substance Abuse and Mental
18 Health Administration;

19 “(iii) the research institutes at the
20 National Institutes of Health, as the Di-
21 rector of NIH determines appropriate;

22 “(iv) the Health Resources and Serv-
23 ices Administration;

24 “(v) the Centers for Medicare & Med-
25 icaid Services;

1 “(vi) the Office of Women’s Health;
2 “(vii) the Centers for Disease Control
3 and Prevention; and
4 “(viii) the Department of Education;
5 and
6 “(B) the additional members appointed
7 under paragraph (3).
8 “(3) ADDITIONAL MEMBERS.—Not fewer than
9 $\frac{1}{3}$ of the total membership of the Coordinating
10 Council shall be composed of non-Federal public
11 members to be appointed by the Secretary, including
12 representatives of—
13 “(A) academic medical centers or schools
14 of medicine, nursing, or other health profes-
15 sions;
16 “(B) health care professionals who are ac-
17 tively involved in the treatment of eating dis-
18 orders;
19 “(C) researchers with expertise in eating
20 disorders; and
21 “(D) at least 2 individuals with a past or
22 present diagnosis of an eating disorder or par-
23 ents of individuals with a past or present diag-
24 nosis of an eating disorder.

1 “(d) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
2 ICE; OTHER PROVISIONS.—

3 “(1) ADMINISTRATIVE SUPPORT.—The Coordi-
4 nating Council shall receive necessary and appro-
5 priate administrative support from the Secretary.

6 “(2) TERMS OF SERVICE.—Members of the Co-
7 ordinating Council appointed under subsection (c)(2)
8 shall serve for a term of 4 years, and may be re-
9 appointed for one or more additional 4 year-terms.
10 Any member appointed to fill a vacancy for an unex-
11 pired term shall be appointed for the remainder of
12 such term. A member may serve after the expiration
13 of the member’s term until a successor has taken of-
14 fice.

15 “(3) MEETINGS.—

16 “(A) IN GENERAL.—The Coordinating
17 Council shall meet at the call of the chairperson
18 or upon the request of the Secretary. The Co-
19 ordinating Council shall meet not fewer than 2
20 times each year.

21 “(B) NOTICE.—Notice of any upcoming
22 meeting of the Coordinating Council shall be
23 published in the Federal Register.

24 “(C) PUBLIC ACCESS.—Each meeting of
25 the Coordinating Council shall be open to the

1 public and shall include appropriate periods of
 2 time for questions by the public.

3 “(4) SUBCOMMITTEES.—In carrying out its
 4 functions the Coordinating Council may establish
 5 subcommittees and convene workshops and con-
 6 ferences.

7 “(e) EATING DISORDER.—In this part, the term ‘eat-
 8 ing disorder’ includes anorexia nervosa, bulimia nervosa,
 9 binge eating disorder, and eating disorders not otherwise
 10 specified, as defined in the fourth edition of the Diagnostic
 11 and Statistical Manual of Mental Disorders or any subse-
 12 quent edition.

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
 14 carry out this section, there are authorized to be appro-
 15 priated such sums as may be necessary for each of fiscal
 16 years 2011 through 2015.

17 **“SEC. 39900-1. EATING DISORDER SURVEILLANCE AND RE-**
 18 **SEARCH PROGRAM.**

19 “(a) IN GENERAL.—The Secretary, acting through
 20 the Director of the Centers for Disease Control and Pre-
 21 vention, shall award grants or cooperative agreements to
 22 eligible entities for the purpose of improving the collection,
 23 analysis and reporting of State epidemiological data on
 24 eating disorders.

1 “(b) ACTIVITIES.—An eligible entity shall assist with
 2 the development and coordination of eating disorder sur-
 3 veillance efforts within a region and may—

4 “(1) provide for the collection, analysis, and re-
 5 porting of epidemiological data on eating disorders
 6 through the existing surveillance programs;

7 “(2) develop recommendations to enhance exist-
 8 ing surveillance programs to more accurately collect
 9 epidemiological data on disordered eating and eating
 10 disorders, including the number, incidence, trends,
 11 correlates, mortality, and causes of eating disorders
 12 and the effects of eating disorders on quality of life;

13 “(3) develop recommendations to improve re-
 14 quirements for ensuring that eating disorders are ac-
 15 curately recorded as underlying and contributing
 16 causes of death; and

17 “(4) assist with the development and coordina-
 18 tion of surveillance efforts within a region.

19 “(c) ELIGIBLE ENTITIES.—To be eligible to receive
 20 an award under this section, an entity shall—

21 “(1) be a public or nonprofit private entity (in-
 22 cluding a health department of a State, a political
 23 subdivision of a State, or an institution of higher
 24 education); and

1 “(2) submit to the Secretary an application at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require.

4 “(d) TECHNICAL ASSISTANCE.—In making awards
5 under this section, the Secretary may provide direct tech-
6 nical assistance in lieu of cash.

7 “(e) **REPORTS.**—Each entity awarded a grant or co-
8 operative agreement under this section shall submit to the
9 Secretary a report describing the activities conducted
10 using grant funds and providing recommendations for im-
11 proving the collection, analysis, and reporting of epidemio-
12 logical data on eating disorders.

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
14 carry out this section, there are authorized to be appro-
15 priated such sums as may be necessary for each of fiscal
16 years 2011 through 2015.

17 "SEC. 39900-2. STUDY REGARDING ECONOMIC COSTS OF
18 EATING DISORDERS.

19 “The Secretary, acting through the Director of the
20 Centers for Disease Control and Prevention, shall conduct
21 a study evaluating the economic costs of eating disorders.
22 Such study may examine years of productive life lost,
23 missed days of work, reduced work productivity, costs of
24 medical and mental health treatment, costs to family, and
25 costs to society as a result of eating disorders.”.

1 **TITLE II—EATING DISORDER**
 2 **EDUCATION AND PREVEN-**
 3 **TION; STUDIES ON EATING**
 4 **DISORDERS AND BODY MASS**
 5 **INDEX; PUBLIC SERVICE AN-**
 6 **NOUNCEMENTS**

7 **SEC. 201. GRANTS TO PREVENT EATING DISORDERS.**

8 Title III of the Public Health Service Act (42 U.S.C.
 9 241 et seq.), as amended by section 102, is further amend-
 10 ed by adding at the end the following:

11 **“SEC. 39900–3. GRANTS TO PREVENT EATING DISORDERS.**

12 “(a) IN GENERAL.—The Secretary, acting through
 13 the Director of the Centers for Disease Control and Pre-
 14 vention and in coordination with the Administrator of the
 15 Health Resources and Services Administration, shall
 16 award grants to eligible entities to plan, implement, and
 17 evaluate programs to prevent eating disorders and obesity
 18 and the acute and chronic medical conditions that accom-
 19 pany such conditions, and to promote healthy body image
 20 and appropriate nutrition-based eating behaviors.

21 “(b) ELIGIBILITY.—To be eligible to receive a grant
 22 under this section, an entity shall—

23 “(1) be a State, local or tribal educational
 24 agency, an accredited institution of higher education,

1 a State or local health department, or a community
2 based organization; and

3 “(2) submit an application to the Secretary at
4 such time, in such manner, and containing such in-
5 formation as the Secretary may require.

6 “(c) USE OF FUNDS.—An entity receiving a grant
7 under this section shall fund development and testing of
8 school-, clinic-, community-, or health department-based
9 programs designed to promote healthy eating behaviors
10 and to prevent eating disorders including—

11 “(1) developing evidence-based interventions to
12 prevent eating disorders, including educational or
13 intervention programs regarding nutritional content,
14 understanding and responding to hunger and sati-
15 ety, positive body image development, positive self-
16 esteem development, and life skills, that take into
17 account cultural and developmental issues and the
18 role of family, school, and community;

19 “(2) planning and implementing a healthy life-
20 style curriculum or program with an emphasis on
21 healthy eating behaviors, physical activity, and emo-
22 tional wellness, the connection between emotional
23 and physical health, and the prevention of bullying
24 based on body size, shape, and weight;

1 “(3) forming partnerships with parents and
2 caregivers to educate adults about identifying
3 unhealthy eating behaviors and promoting healthy
4 eating behaviors, physical activity, and emotional
5 wellness; and

6 “(4) integrating eating disorder prevention and
7 awareness in physical education, health, education,
8 athletic training programs, and after-school rec-
9 reational sports programs, to the extent possible.

10 “(d) REQUIREMENTS OF GRANT RECIPIENTS.—

11 “(1) LIMITATION ON ADMINISTRATIVE EX-
12 PENSES.—A recipient of a grant under this section
13 shall not use more than 10 percent of the amounts
14 received under a grant under this section for admin-
15 istrative expenses.

16 “(2) CONTRIBUTION OF FUNDS.—A recipient of
17 a grant under this section, and any entity receiving
18 assistance under the grant for training and edu-
19 cation, shall contribute non-Federal funds, either di-
20 rectly or through in-kind contributions, to the costs
21 of the activities to be funded under the grant in an
22 amount that is not less than 10 percent of the total
23 cost of such activities.

24 “(3) EVALUATION.—Each recipient of a grant
25 under this section shall provide to the Secretary, in

1 such form and manner as the Secretary shall speci-
 2 fy, relevant data and an evaluation of the activities
 3 of the grant recipient in promoting healthy eating
 4 behaviors and preventing eating disorders. Evalua-
 5 tion reports shall be made publicly available, such as
 6 through the Internet.

7 “(e) TECHNICAL ASSISTANCE.—The Secretary may
 8 set aside an amount not to exceed 1 percent of the total
 9 amount appropriated for a fiscal year to provide grantees
 10 with technical support in the development, implementa-
 11 tion, and evaluation of programs under this section and
 12 to disseminate information about preventing and treating
 13 eating disorders and obesity.

14 **“SEC. 39900–4. STUDY OF EATING DISORDERS IN ELEMEN-**
 15 **TARY SCHOOLS, SECONDARY SCHOOLS, AND**
 16 **INSTITUTIONS OF HIGHER EDUCATION.**

17 “Not later than 18 months after the date of enact-
 18 ment of the Federal Response to Eliminate Eating Dis-
 19 orders Act, the National Center for Health Statistics of
 20 the Centers for Disease Control and Prevention and the
 21 National Center for Education Statistics of the Depart-
 22 ment of Education shall conduct a joint study, or enter
 23 into a contract to have a study conducted, on the impact
 24 eating disorders have on educational advancement and
 25 achievement. The study shall—

1 “(1) determine the incidence of eating disorders
2 and disordered eating among students, and the mor-
3 bidity and mortality rates associated with eating dis-
4 orders;

5 “(2) evaluate the extent to which students with
6 eating disorders are more likely to miss school, have
7 delayed rates of development, or have reduced cog-
8 nitive skills;

9 “(3) report on current State and local programs
10 to increase awareness about the dangers of eating
11 disorders among youth and to prevent eating dis-
12 orders and the risk factors for eating disorders, and
13 evaluate the value of such programs; and

14 “(4) make recommendations on measures that
15 could be undertaken by Congress, the Department of
16 Education, States, and local educational agencies to
17 strengthen eating disorder prevention and awareness
18 programs including development of best practices.

19 **“SEC. 39900–5. STUDY OF THE SUITABILITY OF MANDATING**
20 **BODY MASS INDEX REPORTING IN ELEMEN-**
21 **TARY SCHOOLS AND SECONDARY SCHOOLS.**

22 “Not later than 18 months after the date of enact-
23 ment of the Federal Response to Eliminate Eating Dis-
24 orders Act, the Director of the Centers for Disease Control
25 and Prevention, in consultation with the Secretary of Edu-

1 cation, shall conduct a study on mandatory reporting of
2 body mass index, including—

3 “(1) how many schools are currently conducting
4 such measuring; and

5 “(2) the impacts on students of such measures,
6 which may include student and parent reactions to
7 such reports, including changes in physical activity,
8 a focus on nutrition, a focus on body image, the use
9 of weight control behaviors, eating disorder symp-
10 toms, and the incidence of teasing or bullying based
11 on body size.

12 **“SEC. 39900–6. PUBLIC SERVICE ADVERTISEMENTS.**

13 “The Secretary, in consultation with the Director of
14 the National Institutes of Health and the Secretary of
15 Education, shall carry out a program to develop, dis-
16 tribute, and promote the broadcasting of public service an-
17 nouncements to improve public awareness of, and to pro-
18 mote the identification and prevention, of eating disorders.

19 **“SEC. 39900–7. AUTHORIZATION OF APPROPRIATIONS.**

20 “To carry out sections 39900–3, 39900–4, 39900–
21 5, and 39900–6, there are authorized to be appropriated
22 such sums as may be necessary for each of fiscal years
23 2011 through 2015.”.

1 **SEC. 202. SENSE OF THE SENATE.**

2 It is the sense of the Senate that critically necessary
3 programs to reduce obesity in children may also unintentionally
4 increase the unhealthy weight control behaviors
5 that can lead to development of eating disorders, and that
6 federally funded programs to combat obesity should take
7 this connection into consideration.

8 **TITLE III—IMPROVING TRAIN-**
9 **ING IN HEALTH PROFES-**
10 **SIONS, EDUCATION, AND RE-**
11 **LATED FIELDS**

12 **SEC. 301. GRANTS FOR HEALTH PROFESSIONALS.**

13 Part D of title VII of the Public Health Service Act
14 (42 U.S.C. 294 et seq.), as amended by section 4305(c)
15 of the Patient Protection and Affordable Care Act (Public
16 Law 111–148), is further amended by adding at the end
17 the following:

18 **“SEC. 760. GRANTS FOR HEALTH PROFESSIONALS.**

19 “(a) GRANTS.—The Secretary, acting through the
20 Director of the Health Resources and Services Adminis-
21 tration, shall award grants under this section to develop
22 interdisciplinary training and education programs that
23 provide undergraduate, graduate, post-graduate medical,
24 nursing (including advanced practice nursing students),
25 dental, mental and behavioral health, pharmacy, and other
26 health professions students or residents with an under-

1 standing of, and clinical skills pertinent to identifying and
2 treating, eating disorders.

3 “(b) ELIGIBILITY.—To be eligible to receive a grant
4 under this section an entity shall—

5 “(1) be an accredited school of allopathic or os-
6 teopathic medicine, or an accredited school of nurs-
7 ing, public health, social work, dentistry, behavioral
8 and mental health, or pharmacy, or an accredited
9 medical, dental, or nursing residency program;

10 “(2) prepare and submit to the Secretary an
11 application at such time, in such manner, and con-
12 taining such information as the Secretary may re-
13 quire, including—

14 “(A) information to demonstrate that the
15 applicant will employ an evidence-based ap-
16 proach for training health professionals on eat-
17 ing disorders;

18 “(B) strategies for the dissemination and
19 sharing of curricula and other educational ma-
20 terials developed under the grant to other inter-
21 ested health professions schools, national re-
22 source repositories for materials on eating dis-
23 orders, and health services continuing education
24 providers;

1 “(C) a plan for consulting with commu-
 2 nity-based coalitions, treatment centers, or eat-
 3 ing disorder research experts who have experi-
 4 ence and expertise in issues related to eating
 5 disorders, for services provided under the pro-
 6 gram carried out under the grant; and

7 “(D) a plan for making the information
 8 and curricula publicly available to health profes-
 9 sionals, such as through the Internet.

10 “(c) USE OF FUNDS.—

11 “(1) REQUIRED USES.—Amounts provided
 12 under a grant awarded under this section shall be
 13 used to fund interdisciplinary training and education
 14 projects that are designed to train medical, nursing,
 15 and other health professions students and residents
 16 to identify and provide appropriate health care serv-
 17 ices (including mental or behavioral health care serv-
 18 ices and referrals to appropriate community serv-
 19 ices) to individuals who have eating disorders.

20 “(2) PERMISSIVE USE.—Amounts provided
 21 under a grant under this section may be used to
 22 offer community-based training opportunities in
 23 rural areas for medical, nursing, and other health
 24 professions students and residents on eating dis-
 25 orders, which may include the use of distance learn-

1 ing networks and other available technologies needed
2 to reach isolated rural areas.

3 “(d) REQUIREMENTS OF GRANTEES.—

4 “(1) LIMITATION ON ADMINISTRATIVE EX-
5 PENSES.—A grantee shall not use more than 10 per-
6 cent of the amounts received under a grant under
7 this section for administrative expenses.

8 “(2) CONTRIBUTION OF FUNDS.—A grantee
9 under this section, and any entity receiving assist-
10 ance under the grant for training and education,
11 shall contribute non-Federal funds, either directly or
12 through in-kind contributions, to the costs of the ac-
13 tivities to be funded under the grant in an amount
14 that is not less than 10 percent of the total cost of
15 such activities.

16 “(e) EATING DISORDER.—In this section, the term
17 ‘eating disorder’ has the meaning given such term in sec-
18 tion 39900(e).

19 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated to carry out this section
21 such sums as may be necessary for fiscal years 2011
22 through 2015.”.

1 **SEC. 302. TRAINING IN ELEMENTARY AND SECONDARY**
 2 **SCHOOLS.**

3 Section 5131(a) of the Elementary and Secondary
 4 Education Act of 1965 (20 U.S.C. 7215(a)) is amended
 5 by adding at the end the following:

6 “(28) Programs to improve the identification of
 7 students with eating disorders (as defined in section
 8 3990O of the Public Health Service Act), increase
 9 awareness of such disorders among parents and stu-
 10 dents, and train educators (including teachers,
 11 school nurses, school social workers, coaches, school
 12 counselors, and administrators) on effective eating
 13 disorder prevention, screening, detection and assist-
 14 ance methods.”.

15 **TITLE IV—IMPROVING AVAIL-**
 16 **ABILITY AND ACCESS TO**
 17 **TREATMENT**

18 **SEC. 401. MEDICAID COVERAGE FOR EATING DISORDER**
 19 **TREATMENT SERVICES.**

20 (a) IN GENERAL.—Section 1905 of the Social Secu-
 21 rity Act (42 U.S.C. 1396d(a)), as amended by section
 22 2301(a)(1) of the Patient Protection and Affordable Care
 23 Act (Public Law 111–148) and section 1202(b) of the
 24 Health Care and Education Reconciliation Act of 2010
 25 (Public Law 111–152), is amended—

26 (1) in subsection (a)—

1 (A) in paragraph (28), by striking “and”
 2 at the end;

3 (B) by redesignating paragraph (29) as
 4 paragraph (30); and

5 (C) by inserting after paragraph (28) the
 6 following new paragraph:

7 “(29) eating disorder treatment services (as de-
 8 fined in subsection (ee)(1)); and”;

9 (2) by adding at the end the following new sub-
 10 section:

11 “(ee) EATING DISORDER TREATMENT SERVICES.—

12 “(1) DEFINITION.—The term ‘eating disorder
 13 treatment services’ means services relating to diag-
 14 nosis and treatment of an eating disorder (as de-
 15 fined in section 39900 of the Public Health Service
 16 Act), including screening, counseling,
 17 pharmacotherapy (including coverage of drugs de-
 18 scribed in paragraph (2)), and other necessary
 19 health care services.

20 “(2) COVERAGE FOR PHARMACOLOGICAL
 21 TREATMENT OF EATING DISORDERS.—For purposes
 22 of paragraph (1), eating disorder treatment services
 23 shall include drugs provided as part of care in an in-
 24 patient setting, covered outpatient drugs (as defined
 25 in section 1927(k)(2)), and non-prescription drugs

1 described in section 1927(d)(2)(A) that are pre-
 2 scribed, in accordance with generally accepted med-
 3 ical guidelines, for treatment of an eating disorder.”.

4 (b) INCREASED FMAP FOR EATING DISORDER
 5 TREATMENT SERVICES.—Section 1905(b) of the Social
 6 Security Act (42 U.S.C. 1396d(b)), as amended by section
 7 4106(b) of the Patient Protection and Affordable Care
 8 Act, is amended—

9 (1) by striking “and” before “(5)”; and

10 (2) by inserting before the period at the end the
 11 following: “, and (6) the Federal medical assistance
 12 percentage shall be equal to the enhanced FMAP de-
 13 scribed in section 2105(b) with respect to medical
 14 assistance for eating disorder treatment services (as
 15 defined in subsection (ee)(1)) provided to an indi-
 16 vidual who is eligible for such assistance and has an
 17 eating disorder (as defined in section 3990O of the
 18 Public Health Service Act)”.

19 (c) INCLUSION IN EPSDT SERVICES.—Section
 20 1905(r)(1)(B) of such Act (42 U.S.C. 1396d(r)(1)(B)) is
 21 amended—

22 (1) in clause (iv), by striking “and” at the end;

23 (2) in clause (v), by striking the period at the
 24 end and inserting “; and”; and

1 (3) by inserting after clause (v) the following
2 new clause:

3 “(vi) appropriate diagnostic services
4 relating to eating disorders (as defined in
5 section 3990O of the Public Health Serv-
6 ice Act).”.

7 (d) EXCEPTION FROM OPTIONAL RESTRICTION
8 UNDER MEDICAID DRUG COVERAGE.—Section
9 1927(d)(2)(A) of such Act (42 U.S.C. 1396r–8(d)(2)(A))
10 is amended by inserting before the period at the end the
11 following: “, except for drugs that are prescribed, in ac-
12 cordance with generally accepted medical guidelines, for
13 the purpose of treatment of an individual who is eligible
14 for medical assistance under the State plan and has an
15 eating disorder (as defined in section 3990O of the Public
16 Health Service Act)”.

17 (e) EFFECTIVE DATE.—The amendments made by
18 this section shall apply to drugs and services furnished
19 on or after October 1, 2010.

20 **SEC. 402. GRANTS TO SUPPORT PATIENT ADVOCACY.**

21 Subpart II of part D of title IX of the Public Health
22 Service Act, as amended by section 6301(b) of the Patient
23 Protection and Affordable Care Act (Public Law 111–
24 148), is further amended by adding at the end the fol-
25 lowing:

1 **“SEC. 938. GRANTS TO SUPPORT PATIENT ADVOCACY.**

2 “(a) GRANTS.—The Secretary, acting through the
3 Director, shall award grants under this section to develop
4 and support patient advocacy work to help individuals with
5 eating disorders obtain adequate health care services and
6 insurance coverage.

7 “(b) ELIGIBILITY.—To be eligible to receive a grant
8 under this section, an entity shall—

9 “(1) be a public or nonprofit private entity (in-
10 cluding a health department of a State or tribal
11 agency, a community-based organization, or an insti-
12 tution of higher education);

13 “(2) prepare and submit to the Secretary an
14 application at such time, in such manner, and con-
15 taining such information as the Secretary may re-
16 quire, including—

17 “(A) comprehensive strategies for advo-
18 cating on behalf of, and working with, individ-
19 uals with eating disorders or at risk for devel-
20 oping eating disorders;

21 “(B) a plan for consulting with commu-
22 nity-based coalitions, treatment centers, or eat-
23 ing disorder research experts who have experi-
24 ence and expertise in issues related to eating
25 disorders or patient advocacy in providing serv-

1 ices under a grant awarded under this section;
2 and

3 “(C) a plan for financial sustainability in-
4 volving State, local, and private contributions.

5 “(c) USE OF FUNDS.—Amounts provided under a
6 grant awarded under this section shall be used to support
7 patient advocacy work, including—

8 “(1) providing education and outreach in com-
9 munity settings regarding eating disorders and asso-
10 ciated health problems, especially among low-income,
11 minority, and medically underserved populations;

12 “(2) facilitating access to appropriate, ade-
13 quate, and timely health care for individuals with
14 eating disorders and associated health problems;

15 “(3) assisting in communication and coopera-
16 tion between patients and providers;

17 “(4) representing the interests of patients in
18 managing health insurance claims and plans;

19 “(5) providing education and outreach regard-
20 ing enrollment in health insurance, including enroll-
21 ment in the Medicare program under title XVIII of
22 the Social Security Act, the Medicaid program under
23 title XIX of such Act, and the Children’s Health In-
24 surance Program under title XXI of such Act;

1 “(6) identifying, referring, and enrolling under-
 2 served populations in appropriate health care agen-
 3 cies and community-based programs and organiza-
 4 tions in order to increase access to high-quality
 5 health care services;

6 “(7) providing technical assistance, training,
 7 and organizational support for patient advocates;
 8 and

9 “(8) creating, operating, and participating in
 10 State or regional networks of patient advocates.

11 “(d) REQUIREMENTS OF GRANTEES.—

12 “(1) LIMITATION ON ADMINISTRATIVE EX-
 13 PENSES.—A grantee shall not use more than 5 per-
 14 cent of the amounts received under a grant under
 15 this section for administrative expenses.

16 “(2) CONTRIBUTION OF FUNDS.—A grantee
 17 under this section, and any entity receiving assist-
 18 ance under the grant for training and education,
 19 shall contribute non-Federal funds, either directly or
 20 through in-kind contributions, to the costs of the ac-
 21 tivities to be funded under the grant in an amount
 22 that is not less than 75 percent of the total cost of
 23 such activities.

24 “(3) REPORTING TO SECRETARY.—A grantee
 25 under this section shall submit to the Secretary a re-

1 port, at such time, in such manner, and containing
2 such information as the Secretary may require, in-
3 cluding a description and evaluation of the activities
4 described in subsection (c) carried out by such enti-
5 ty.

6 “(e) EATING DISORDER.—In this section, the term
7 ‘eating disorder’ has the meaning given such term in sec-
8 tion 39900(e).

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this section, there are authorized to be appro-
11 priated such sums as may be necessary for fiscal years
12 2011 through 2015.”.

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